



**FAIRFAX ACADEMY  
CURRENT DATA 2020-2021**



**Date:** \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Last First Middle

HOME ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS NAME AND ADDRESS: \_\_\_\_\_ OFFICE (\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS NAME AND ADDRESS: \_\_\_\_\_ OFFICE (\_\_\_\_) \_\_\_\_\_

EMERGENCY NAMES, FULL ADDRESS & PHONE NUMBERS (CELL & WORK) **WE MUST HAVE TWO!**

1) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

2) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

ANYONE AUTHORIZED TO PICK UP YOUR CHILD: (WE WILL ASK FOR I.D.): **NOT AUTHORIZED**  
\_\_\_\_\_ / \_\_\_\_\_

ALLERGIES, BEHAVIORAL, DEVELOPMENTAL, OR EMOTIONAL CONCERNS (please list below):  
\_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE LIST YOUR PHYSICIAN'S NAME & PHONE NUMBER:  
\_\_\_\_\_

NEXT OF KIN: NAME, FULL ADDRESS & PHONE NUMBERS (CELL & WORK) **REQUIRED:**  
\_\_\_\_\_

EMAILS (MOM) \_\_\_\_\_ (DAD) \_\_\_\_\_  
PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

**FIELD TRIP/ SWIMMING PERMISSION**

\_\_\_\_\_ I understand and give permission for my child to attend off campus field trips including swimming. I understand these activities may pose an additional risk of accidents.

My child's swimming ability is: (circle one) none fair good

\_\_\_yes \_\_\_no I have read the Student/ Parent Handbook which contains information regarding rules and regulations.

\_\_\_yes \_\_\_no I authorize the school to obtain emergency medical care when the responsible party cannot be reached.

\_\_\_yes \_\_\_no I authorize the school to apply a parent provided sunscreen as needed to avoid injury for my child.

Adverse reactions if any: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*